



Application # CPS F18-50043917

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Robb Schiesl Date: 8/16/2019
Site Address: 468 Cedar Rock Trail Fuquay Varina NC 27526 Phone: (919) 500-0498
Subdivision: Cedar Rock Lot: #7
Description of Proposed Work: New Home Construction

General Contractor Information

Robb Schiesl (919) 500-0498
Building Contractor's Company Name Telephone
1036 Steelhorse Drive Fuquay Varina NC 27528 robbschiesl@aol.com
Address Email Address
N/A
License #

Electrical Contractor Information

Description of Work New Home Wiring Service Size: 400 Amps T-Pole: Yes No
Badger Electric LLC (919) 500-0498
Electrical Contractor's Company Name Telephone
PO Box #956 Holly Springs NC 27540 robbschiesl@aol.com
Address Email Address
29292-L
License #

Mechanical/HVAC Contractor Information

Description of Work New Home HVAC Installation
Baird Heating and Air (919) 395-5050
Mechanical Contractor's Company Name Telephone
4067 Pine Ridge Road Franklinton NC 27525 baird-air@hotmail.com
Address Email Address
28345
License #

Plumbing Contractor Information

Description of Work New Home Plumbing Installation # Baths 4
Ken Lindquist (919) 621-2910
Plumbing Contractor's Company Name Telephone
4562 Old NC 75 Oxford NC 27565 kerkk1969@yahoo.com
Address Email Address
23567
License #

Insulation Contractor Information

Allied Spray Foams Inc. 2624 Avent Ferry Road Holly Springs N (919) 971-0869
Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Bill Shif
Signature of Owner/Contractor/Officer(s) of Corporation

8/16/2019

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: *Bill Shif* *owner*

Date: 8/16/2019